



Department of
Environmental Quality

Air Resources Management Bureau • P.O. Box 200901 • Helena MT 59620-0901 • (406) 444-3490

MONTANA AIR QUALITY PERMIT APPLICATION FOR PORTABLE SOURCES

Montana Department of Environmental Quality
Air Resources Management Bureau
Permitting Section Supervisor
1520 E. Sixth Avenue
P.O. Box 200901
Helena, MT 59620-0901
Telephone: (406) 444-3490 FAX (406) 444-1499

For State of Montana Use Only	
Permit Application Number	4071-00
Application Fee Paid with Application?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid
AREV Facility #	777-4071 FP ID #

This application, any associated fees, and the affidavit of publication of the attached public notice must be mailed to the above address. Instructions for filling out this form are contained in the Instructions and Suggested Format document available from the Department of Environmental Quality (Department). Please contact the Department Air Resources Management Bureau if you have any questions regarding this permit application

§ 1.0 GENERAL FACILITY INFORMATION AND SITE DESCRIPTION

Permit Type (check one): ☒ New Facility ☐ Modification to Existing Permit

If applying for a new facility or an alteration to an existing permit, a permit application fee and an affidavit of publication must be submitted to the department at the above address.

Affidavit of Publication of Public Notice ☐ Attached ☒ Forthcoming
Permit Application Fee ☐ Attached ☐ Forthcoming ALREADY SUBMITTED

Facility Name & Address (As registered with the Montana Secretary of State)		
ABC CONST. CO., INC		
P.O. BOX 123		
City	State	Zip
	MT	59912

FACILITY LOCATION		
123 Example ROAD		
Address (if different from mailing address)		
KALISPELL	MT.	59901
City	State	Zip
NW 1/4 S16	T29N	R22W
Section (to nearest 1/4)	Township	Range
County		

Narrative Description of Site NW KALISPELL AT THE JUNCTION OF CHURCH DRIVE & FARM TO MARKET ROAD
(Including nearby roads, towns, landmarks, etc.)

Owner's Name <Name> Telephone 892-#
Facility Manager's Name <Name> Telephone 261-#
Contact Person <Name> Telephone 892-#

Total Property Area (acres) 320 Current Number of Employees 11

Will the facility be operating in a PM-10 nonattainment area or within 10 kilometers of a nonattainment area?
☐ No or ☒ Yes

Name of DEQ Contact JILLIE MERKEL
If you have been dealing with Department of Environmental Quality personnel

§ 1.1 Process Flow Diagram (Attach a box diagram of the equipment's set-up and describe the process.)

§ 1.2 Project and Site Informational Request (Complete attached informational request.)

The estimated time for the Department to process and act on a correctly completed application form is 60 days (i.e. 60 days from receipt of a correctly completed application to issuance of a final permit). The Department has 30 days to notify an applicant that their application is incomplete. The Department shall make a preliminary determination within 40 days after receiving a complete and filed application. A Department decision must be made within 60 days after receiving a complete application. The Department decision is not final unless 15 days have elapsed from the date of the department decision and there is no request for a hearing before the Board of Environmental Review. (Different time frames apply if an Environmental Impact Statement is required or if the Major Facility Siting Act is applicable. Provisions also exist in rule for extending the time for issuing a department decision). Please refer to ARM 17.8.706(2), ARM 17.8.720 and 75-2-211 MCA.
Montana Air Quality Permit Application Last Updated: March 1, 2006 http://www.deq.mt.gov/AirQuality/forms/AIR_PermAppPort.doc

§ 2.0 PROCESS EQUIPMENT LISTING

Attach a list of all existing and proposed process equipment. For each piece of process equipment that is identified in this section, a separate Section 4.0 must be completed.

[illegible]

§ 3.0 EMISSION INVENTORY

The Department can complete this section for the applicant.

☒ Please check this box if the applicant would like the department to complete this section.

Plant/Project-Wide Emission Inventory

Provide a complete emission inventory listing emission levels for all regulated air pollutants from existing and proposed equipment. Clearly show how the emissions were calculated.

Emissions Unit Identification: _____

Potential Emissions Summary: *(Include emission rates in units consistent with any applicable standards or test methods. Attach calculations.*

Regulated Air Pollutant	Emission Rate(s) (Include any additional applicable units or averaging periods)			
	(Lb/Hour)	(Tons/Year)	(Alternate averaging periods)	
PM ₁₀				
SO ₂				
Pb				
NO _x				
VOC				
CO				
Other (specify):				
Other (specify):				
Other (specify):				
Other (specify):				
Other (specify):				
Other (specify):				

§ 4.0 PROCESS EQUIPMENT/PROCESS INFORMATION

A separate Section 4.0 must be completed for each piece of process equipment listed in Section 2.0.

§ 4.1 Process Equipment Identification: EL JAY CONE CRUSHER

§ 4.2 Narrative Process Equipment/Process Description (attach additional sheets as necessary):

CRUSH LARGE ROCKS INTO SMALLER FRACTURED ROCKS
AND SCREEN AS NEEDED.

§ 4.3 Process Equipment Description:

Process Equipment Identification: DECK

Make EL JAY - W/ 3rd SCREEN INTEGRAL Model _____

Type CONE CRUSHER Size _____

Serial Number 2 BG 0794

Year of Manufacture 1995

Fuel Type DIESEL GENERATOR

SUPPLIES ELECTRICITY

Emitting Unit Location: [Note: UTM coordinates are available on any USGS map]

Universal Transverse Mercator (UTM) Zone _____

Elevation (feet) _____

UTM Easting Coordinate (nearest 0.01 km) _____

UTM Northing Coordinate (nearest 0.01 km) _____

Stack Information: (if applicable)

Height (feet) _____

Diameter (feet) _____

Exit Gas Temperature (°F) _____

Exit Gas Flow Rate (ACFM) _____

Exit Gas Velocity (feet/second) _____

Process Information: (Indicate Units)

Type of Material Processed CRUSHED GRAVEL AND SCREEN

Average Process Rate (tons/hr, gal/hr, etc.) CRUSHER = 400 TPH SCREEN = 600 TPH

Maximum Rated Design Process Rate (ton/hr, gal/hr, etc.) 450 TPH 700 TPH

Percent Annual Thruput: (Percent of the applicant's work done in each time frame. The percentages entered for the four time frames must add up to 100%.)

December - February

10

June - August

30

March - May

30

September - November

30

Operating Schedule:

Hours/Day

20

Hours/Year

4,800

Days/Week

6

Weeks/Year

40

} OR
LESS

§ 4.0 PROCESS EQUIPMENT/PROC. INFORMATION

A separate Section 4.0 must be completed for each piece of process equipment listed in Section 2.0.

§ 4.1 Process Equipment Identification: CAT GENERATOR SET

§ 4.2 Narrative Process Equipment/Process Description (attach additional sheets as necessary):

§ 4.3 Process Equipment Description:

Process Equipment Identification:

Make CATERPILLAR

Type GENERATOR SET

Serial Number _____

Fuel Type DIESEL

Model _____

Size 1000 KW

Year of Manufacture _____

Note: Size is
HP or KW of
engine, not
unit's energy
output.

Emitting Unit Location: [Note: UTM coordinates are available on any USGS map]

Universal Transverse Mercator (UTM) Zone _____

Elevation (feet) _____

UTM Easting Coordinate (nearest 0.01 km) _____

UTM Northing Coordinate (nearest 0.01 km) _____

Stack Information: (if applicable)

Height (feet) 13' 4"

Diameter (feet) 6"

Exit Gas Temperature (°F) 1190

Exit Gas Flow Rate (ACFM) 4548.5

Exit Gas Velocity (feet/second) _____

Process Information: (Indicate Units)

Type of Material Processed POWER SOURCE FOR CRUSHING OPERATION

Average Process Rate (tons/hr, gal/hr, etc.) 40.5 GPM/HR

Maximum Rated Design Process Rate (tons/hr, gal/hr, etc.) 40.5 GPM/HR

Percent Annual Thruput: (Percent of the applicant's work done in each time frame. The percentages entered for the four time frames must add up to 100%.)

December - February 10

June - August 30

March - May 30

September - November 30

Operating Schedule:

Hours/Day 20

Hours/Year

Days/Week 6

Weeks/Year

4800

40

} OR
LESS

§ AIR POLLUTION CONTROL EQUIPMENT INFORMATION

A separate Section 5.0 must be completed for each piece of process equipment listed in Section 2.0. If a piece of equipment does not have pollution control equipment then the applicant should indicate that no control equipment is used.

§ 5.1 Process Equipment Identification: 1995 El Jay Cone Crusher
with 3 deck Cedar Rapids Screen

§ 5.2 Primary Pollution Control Equipment or Description of Procedure: Dust Suppression
using water's spray mechanisms

§ 5.3 Proposed Operational Limitations: (if any) _____

§ 5.4 Primary Air Pollution Control Equipment Identification: (if applicable)

Make Same as 5.2 Above Model _____
Type _____ Size _____
Serial Number _____ Year of Manufacture _____
Fuel Type _____
Estimated Control Efficiency _____
Estimated Cost of Pollution Control Equipment _____

§ 5.5 Emissions Control Analysis:

Provide a Best Available Control Technology (BACT) or Lowest Achievable Emission Rate (LAER) Analysis as applicable. Address each regulated air pollutant.

§ 5.6 Stack Height and Dispersion Technique Analysis: (completed if modeling is required)

§ 5.7 Ambient Air Quality Impact Analysis:

239

* See Attached

§ 6.0 INSTRUCTIONS ON PUBLIC NOTICE FOR AIR QUALITY PRECONSTRUCTION PERMIT

The applicant shall publish the following notification no earlier than 10 days prior to the date the applicant's air quality preconstruction permit application will be submitted to the Department, and no later than 10 days following the date of submittal. The notice shall be published once in the legal notice section of a newspaper of general circulation in the area affected. Any fees associated with publication of this notice are the responsibility of the permit applicant. Questions regarding an appropriate newspaper should be addressed to the Department. An Affidavit of Publication of Public Notice must be submitted with the application or the air quality preconstruction permit application will be deemed incomplete. This notice is required by the air quality rules. **The notice to be published consists of all text within the box below.**

PUBLIC NOTICE	
Notice of Application for Air Quality Preconstruction Permit (pursuant to Sections 75-2-211, and 75-2-215 MCA, and the Air Quality Rules).	
ABC CONSTRUCTION	
HAS FILED	on or about 3/30/07
<small>has filed/will file</small>	<small>Name of applicant(s) Date</small>
preconstruction permit or an alternation to an existing air quality preconstruction permit from the Montana Department of Environmental Quality (Department). Applicant(s) seeks approval of its application for:	
1995 LT CONE CRUSHER W/ FAB TECH CARRIER AND 1000 KW CAT GENERATOR	
NW KAUSPELL AT THE JUNCTION OF CHURCH DRIVE & FARM TO MARKET ROAD	
NW 1/4 S16/T29N/R22W	
<small>(brief description of source for which permit is being applied, and the site location including 1) a narrative description related to nearby towns, roads, landmarks, etc., and 2) the legal description of section, township, range, and county)</small>	
<p>Within 40 days of the receipt of a completed application, the Department will make a preliminary determination whether the permit should be issued, issued with conditions, or denied. <u>Any member of the public with questions or who wishes to receive notice of the preliminary determination, and the location where a copy of the application and the department's analysis of it can be reviewed, or to submit comments on the preliminary determination, must contact the department at Department of Environmental Quality, Air Resources Management Bureau, Air Permitting Section Supervisor at P.O. Box 200901, Helena, Montana 59620-0901, telephone (406) 444-3490. Any comments on the preliminary determination must be submitted to the department within 15 days after the preliminary determination is issued.</u></p>	



§ 7.0 CERTIFICATION OF ACCURACY AND COMPLETENESS

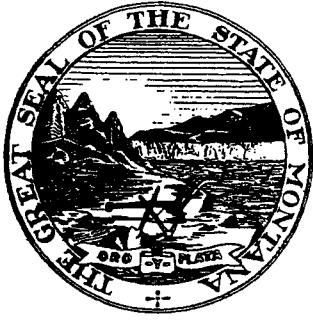
I hereby certify that, to the best of my knowledge, information and belief, formed after reasonable inquiry, the information provided in this permit application is true, accurate and complete.

(Name, title and signature of corporate officer, responsible official, authorized representative, or designated representative under Title IV 1990 FCAA.)

Name <Name> (Print of Type)

Title operations/safety mgr. Telephone 406-892-#

Signature <Signature> (Original Signature Required) Date 3-2-07



Project and Site Informational Request
Montana Department of Environmental Quality
Air Resources Management Bureau
P.O. Box 200901, Helena, MT 59620-0901
Telephone: (406) 444-3490 FAX: (406) 444-1499

Instructions: Please answer the questions listed below in reference to the current project proposed in the air quality permit application. Please attach additional pages if necessary. The Department will use the information to facilitate completion of an environmental analysis required under the Montana Environmental Policy Act (MEPA).

Facility Name:

ABC CONSTRUCTION

- Please summarize fish or wildlife habitat, animal or bird species, or any known migration or movement of animals at the project site.
geese - ducks - deer - small rodents &
ANIMALS
- Please describe any proposed discharges into surface water or onto the site; any changes in drainage patterns; any use of surface water and groundwater; and any potential impacts to wetlands.
NONE
- Please summarize the soils and geology of the project site. Include a description of any disruption, displacement, erosion, compaction, moisture loss, or over-covering of soil that would reduce productivity or fertility at the site. The description should include the amount of land disturbed in acres. Please describe any destruction or modification of any unique geologic or physical feature.
currently is agricultural land with lots
of rocks - total acreage is 320 spread out
over several years
- Please summarize the plant species (including types of trees, shrubs, grasses, crops, and aquatic plants) at the site. The applicant should include a description of any known unique, rare, threatened, or endangered plant species at the site. In addition, please describe the land use at the project site.
wheat - barley
- Please summarize the aesthetic character of the project site and of the surrounding community or neighborhood. Include a description of recreational opportunities. Also include a description of noise levels created by the proposed project.
Flat - rocky soil burned for noise
reduction - no rec. opportunities

This is a mobile crusher which moves
to various sites

6. Please describe any unique, rare, threatened, or endangered animal species that are at or near the site.
NA
7. Please describe any upgrading of utilities that may result from power demands from this project.
NONE
8. Please describe any known historical, archaeological, or paleontological sites at the project site.
NONE
9. Please summarize other industrial activities at or near the site, or any other permits that you hold which are, or may be, in effect at this site.
NONE
10. Please indicate the number of employees currently employed and the increase or decrease in the number of people employed at the site as a result of the proposed project.
11
11. Please describe any unique cultures in the area that may be affected by the proposed application.
NONE
12. Please summarize any access to recreational or wilderness activities near the project site.
NONE
13. Please describe any state, county, city, United States Forest Service (USFS), Bureau of Land Management (BLM), or tribal zoning or management plans and goals that might affect the site.
Flathead Cty Zoning
14. Please indicate who owns the land at the proposed project site.
Bruce Tufvett
15. Please indicate the approximate distance to the nearest home or structure not associated with the project site.
500 yds.
- * THIS IS A MOBILE CRUSHER WHICH MOVES TO VARIOUS SITES.**